

242651

## REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

2012-49-T

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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DATE: 3-29-2013Please consider this as my Request for **Suspension** of:

- ☐ Class C Taxi Certificate Number \_\_\_\_\_  
☐ Class C Charter Certificate Number \_\_\_\_\_  
☐ Class C Charter Bus Certificate Number \_\_\_\_\_  
☒ Non-Emergency Certificate Number 2012-108  
☐ Class E Household Goods Certificate Number \_\_\_\_\_  
☐ Class E Hazardous Wastes Certificate Number \_\_\_\_\_

 APR 9 2013  
 PUBLIC SERVICE COMMISSION  
 CLERK'S OFFICE
I request that my certificate be suspended until 06/29/2013

Date: (XX/XX/XXXX)

D & B COOPER TRANS SERVICE, LLC  
 (Name of Company)

D/B/A MAY 2012  
 (if applicable)

P.O. BOX 1207  
 (Street and or Mailing Address)

LAKE CITY SC 29560  
 (City, State, Zip Code)

(843) 598-5138  
 (Telephone Number)

Barbara Cooper  
 (Signature and Title, i.e., President, Owner)

**Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.**

**Reason for Request for Suspension of Operations:**

Looking for a broker to renew insurance. The people I had quote me \$20,000.00 for 2 vans. I don't make that. Please give me more time. Thank you, Barbara Cooper.